

SHIBA HELPLINE **Volunteer Training Plan Worksheet**

| VOLUNTEER NAME | |
|---------------------|--|
| COUNTY OF RESIDENCE | |

A. Has the volunteer completed screening and paperwork? **CHECKLIST:**

Sponsor orientation completed Volunteer Application completed and sent to OIC Seattle office Volunteer Resource Record completed and copy sent to OIC Seattle office

Volunteer agreement discussed, signed; copy sent to OIC Seattle office

Supplemental volunteer agreement signed (if required); copy sent to OIC Seattle office

Possible roles discussed and initial training path chosen

Online training forms signed (if applicable); copy sent to OIC Seattle office

Buddy/mentor assigned NAME: _

Time and place of next training and/or activity clear TIME: DATE:

| REQUIRED | COMPLETED | DATE | |
|----------|-----------|----------|--|
| | | mm/dd/yy | |
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PATH(S) CHOSEN

check one or more

B. SHIBA HelpLine VOLUNTEER ROLES:

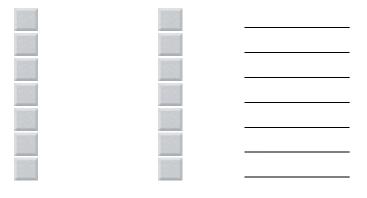
- 1. Administrative, technical, and clerical support (administrative, internet researcher/computer specialist, permanent episodic tasks, etc.)
- 2. Outreach (including health fairs, events, brochure distribution, volunteer recruitment specialist).
- 3. Community education (community educator, public speaker)
- 4. Counselor (traditional, specialty counselors, billing, and casework)

For Outreach Volunteers

- ▶ SHIBA HelpLine New Volunteer Orientation
- ▶ Health Insurance Resources
- Outreach and the Community Identification Process (CID) module
- Meeting with local sponsor and outreach team on current plan/goals

For Community Education Volunteers

- SHIBA HelpLine New Volunteer Orientation
- Introduction to Health Insurance: Market and Terms
- Health Insurance Resources
- ▶ Public speaking (classes may be provided in local community)
- ▶ Training on OIC modules and/or slide shows on speaking subjects
- Monthly Update Training
- ▶ Meeting with local sponsor and outreach team on current plan/goals



| VOLUNTEER NAME | RESIDENCE COUNTY | | | |
|---|--|------------------|-------------------------|----------|
| | | <u>PLAN</u> | COMPLETED | DATE |
| For All Counselors | | | | |
| SHIBA HelpLine New Volunteer Orien | ntation | | | |
| Introduction to Health Insurance: Ma | rket and Terms | | | |
| Health Insurance Resources | | | | |
| Counseling skills (3 hours) | | | | |
| Completion of Counseling Generali | st or Medicare Counselor Track (see below) | | | |
| Mentoring by an experienced volunte | er | | | |
| Monthly Update Training | | | | - |
| | | check all tha | at apply | |
| O | Madiaaya Cayyaalay | O a vera a livra | or Connectations (| |
| Counseling Generalist | Medicare Counselor | | g Specialization (not r | equired) |
| BHP, CHIP, Medicaid (3 hours) | Medicare 101 | • | VA/TRICARE | |
| Employer Plans and COBRA | Supplementing Medicare (3 hours) | Medicare | - | |
| Individual Market and WSHIP | Prescription Drugs | | m Care (3 hours) | |
| Disability | Disability | | Billing/Fraud Fighting | |
| | | | Bill of Rights | |
| Mentors to be announced. | | Advance | d Casework | |
| E. COMMENTS | | | | |
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